POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.		8-5-00
O.I.P.E. CLASSIFIER		49	3/17/00
FORMALITY REVIEW	SR	835	9/20/00
RESPONSE FORMALITY REVIEW	ML	553	11-24-00

INDEX OF CLAIMS

✓	.... Rejected	N .... Non-elected
=	.... Allowed	I .... Interference
–	(Through numeral)... Canceled	A .... Appeal
+	.... Restricted	O .... Objected

Claim		Date
Final	Original	9/0/03 3/9/04 5/7/05 2/6/06
	1	✓ ✓ ✓ ✓
	2	✓ ✓ ✓ ✓
	3	✓ ✓ ✓ ✓
	4	✓ ✓ ✓ ✓
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Claim		Date
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Claim		Date
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If more than 150 claims or 10 actions
staple additional sheet here

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